

SERIAL NUMBER 09/480,013	FILING DATE 01/10/00	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. CHANDER6-5
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APPLICANT

SHARAT SUBRAMANIAM CHANDER, WOODBRIDGE, IL; SHIV MOHAN SETH, NAPERVILLE, IL.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 10	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

LUCENT TECHNOLOGIES INC
600 MOUNTAIN AVENUE
P O BOX 636
MURRAY HILL NJ 07974-0636

TITLE

SYSTEM AND METHOD FOR PROVIDING INDICATION OF MAXIMUM TELESERVICE
PAYLOAD SIZE IN A WIRELESS COMMUNICATION NETWORK

FILING FEE RECEIVED \$1,320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/480,013	FILING DATE 01/10/2000 RULE -	CLASS 455	GROUP ART UNIT 2749 2682	ATTORNEY DOCKET NO. CHANDER6-5
APPLICANTS SHARAT SUBRAMANIAM CHANDER, WOODBRIDGE, IL ; SHIV MOHAN SETH, NAPERVILLE, IL ;				
** CONTINUING DATA ***** OK				
** FOREIGN APPLICATIONS ***** OK				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/16/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 10	TOTAL CLAIMS 42
				INDEPENDENT CLAIMS 6
ADDRESS - Walter W Duft 295 Main Street Suite 762 Buffalo ,NY 14203-2507				
TITLE SYSTEM AND METHOD FOR PROVIDING INDICATION OF MAXIMUM TELESERVICE PAYLOAD SIZE IN A WIRELESS COMMUNICATION NETWORK				
FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	